

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048180

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6669

FILED DEC 19 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO KANS. b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN BONNER SPRING	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2111 INDIANA		d. STREET ADDRESS (If outside, give location) 143 INSLEY	

3. NAME OF DECEASED (Type or print) EARL THOMAS NELSON		4. DATE OF DEATH Month 12 Day 3 Year 63	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-26-42
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISH WASHER		10b. KIND OF BUSINESS OR INDUSTRY PANCAKE PATIO	
11a. FATHER'S NAME AUTHER E. NELSON		11b. MOTHER'S MAIDEN NAME GENEVIEVE BENNET	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		13. SOCIAL SECURITY NO. [REDACTED]	
14. NAME OF HUSBAND OR WIFE NONE		15. INFORMANT LILLIAN D. NELSON 1042 WASHINGTON	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhagic Shock		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Internal Left Thoracic Hemorrhage		
DUE TO (c) Penetrating Shot-Gun Gunshot Wound of Left Chest.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Attempted Robbery.	
20c. TIME OF INJURY Hour 12:45 a.m. Month, Day, Year 12/3/63	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2111 Indiana	20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo.
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. Tillman M.D. Deputy Coroner		22b. ADDRESS 1618 Lydia Ave.	22c. DATE SIGNED 12/3/63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-10-1963	23c. NAME OF CEMETERY OR CREMATORY LINCOLN CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY MO.
24. FUNERAL DIRECTOR Mr. C. E. Davis K. C., Mo.		25. DATE RECD. BY LOCAL REG. 12-9-63	26. REGISTRAR'S SIGNATURE Ressie Smith

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above, constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.